

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31871  
State File No. 1003 Registrar's No. 6470

FILED SEP 19 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6470		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ Mo. _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		4597		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>610 Tuxedo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>A</u> c. (Last) <u>Spies</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1951</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>		8. DATE OF BIRTH <u>Dec. 11, 1891</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>August Spies</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Hennemann</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Spies 610 Tuxedo</u>		ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of the brain</u>  ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
19a. DATE OF OPERATION <u>May 20, 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tumor of brain</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>237X</u>				
22. I hereby certify that I attended the deceased from <u>April 21, 1951</u> , to <u>July 19, 1951</u> , that I last saw the deceased alive on <u>July 18, 1951</u> , and that death occurred at <u>7:19 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Arthur B. Day M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7-19-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 20 1951</u>		REGISTRAR'S SIGNATURE <u>J B Fosater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons 6125 Delmar</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer -

Signed

*Jos. E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *6175 Pellmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of..... }  
County of..... } ss.

State File No. **31871**  
Local Registrar's No. **6470**  
**6270**

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears....., who, upon..... oath, states that the original record of birth death for..... **Grace A. Spies** died **7-19-1951**....., 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **16**..... should read..... **490-36-3472**

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

*James A. Alexander*

Fun Dir

Relationship.

**6175 Delmar**

Present Address.

Subscribed and sworn to before me this..... **31**..... day of..... **July**....., 194..... **51**

My Commission expires..... **My Commission Expires March 4th, 1953**

*John C. Paddock*

Notary Public.